

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
101657685

FILING DATE

APPLICANT(S)

7/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		<u>1</u>				
2		<u>2</u>				
3		<u>1</u>				
4		<u>1</u>				
5		<u>1</u>				
6		<u>2</u>				
7		<u>1</u>				
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TOTAL IND.		<u>2</u>				
TOTAL DEP.		<u>4</u>				
TOTAL CLAIMS		<u>6</u>				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					